

Caption in Compliance with D.N.J. LBR 9004-l(b)
Rhonda E. Greenblatt, Esq.
1201 New Road, Ste. 133
Linwood, NJ 08221
(609) 437-7182(Phone)
greenblattlawfirm@gmail.com
Attorney for the Debtor

Case No.: 25-10175
Chapter: 13
Judge: Altenburg, Jr.

In re Bonnie Lynn Grunow-Scheel, Debtor

NOTICE OF REQUEST FOR LOSS MITIGATION - BY THE DEBTOR

I am/ We are the debtor(s) in this case and hereby request loss mitigation with respect to:

Property address: 5777 Holly Street, Mays Landing, NJ 08330 08242

Creditor **Selene Finance** is the holder of: ☒ first mortgage ☐ second mortgage ☐ third mortgage.

I/We will make adequate protection payments to the above creditor each month in the following amount during the loss mitigation period: See Loss Mitigation Program and Procedures, Section VII.B.

_____ Creditor Amount: \$1,185.00 Due date: 02/01/2025

I/We request to be excused from using the Loss Mitigation Portal due to undue hardship as set forth in detail below:

I understand that if the court orders loss mitigation in this case I am required to comply with the Loss Mitigation Program and Procedures and will participate in good faith. I understand that Loss Mitigation is voluntary, and that I am not required to enter into any agreement or settlement with any other party as part of this Loss Mitigation, and understand that no other party is required to enter into any agreement or settlement with me. I also understand that I am not required to request dismissal of this case as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period. I also certify that the property in question consists only of real property in which I hold a titled interest.

Date: 01/11/2025

/s/ Bonnie Lynn Grunow-Scheel

Debtor

Date:

Joint Debtor (if any)

Debtor Information:

Print full name: Bonnie Lynn Grunow-Scheel

Mailing address: 5777 Holly Street, Mays Landing, NJ 08330

Telephone number:

Email address (if any):

Debtor's Attorney Information:

Name: Rhonda E. Greenblatt, Esq.

Address: 1201 New Rd. Ste 133, Linwood, NJ 08221

Telephone (609) 437-7182

Fax number:

Email address (if any): greenblattlawfirm@gmail.com

Creditor Information: (if known)

Name: **Selene Finance**

Address: PO Box 8619, Philadelphia, PA 19101

Telephone

Fax number:

number:

Email address (if any):

Creditor's Attorney Information: (if known)

Name:

Parker McCay

Address: Parker McCay, 9000 Midlantic Drive, Ste 300 PO Box 52054, Mt. Laurel, NJ 08054

Telephone

Fax number

number:

Email address (if any):

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Under Section V. of the Loss Mitigation Program and Procedures, a party has 14 days from the filed date of this Request to file with the court, and serve on the debtor, debtor's attorney trustee, and U.S. trustee, an objection to this Request.